



Fort Lauderdale Police Department
Community Police Academy
Application

Please print neatly or type. Incomplete applications will NOT be processed.

Name _____ D.O.B. ____/____/____
Last First MI/ Maiden Name

Address _____ City _____ Zip _____

Race _____ Sex _____ Home Phone _____ Work Phone _____

Drivers License # _____ State _____ SSN# _____

Employer _____ Occupation _____

Employer Address _____

Emergency Contact (Name and Tel#) _____

How did you hear about the academy? _____

Have you ever been arrested? Yes _____ No _____

Have you ever been convicted of a crime? Yes _____ No _____

If yes, please explain when, where and what for.

Please explain a positive or negative encounter with law enforcement.

List any Community Group you have been involved with (past and present)

Please list your hobbies and/or special interests?

If you have any special needs that require accommodation in order for you to attend this program, please contact the Community Support Division at (954) 828-6428.

Please circle your shirt size: Small Med Large Xlarge XXlarge

Please list two references (name, address, telephone number)

I certify that the information in this application is true and complete to the best of my knowledge. I also grant permission to the Fort Lauderdale Police Department to verify the information contained in this application and to review my criminal history and driving history.

Signed_____Date_____

Please forward your completed application to:

**Fort Lauderdale Police Department
Training Unit
1300 West Broward Boulevard
Fort Lauderdale, FL 33312
Fax (954) 828-5891**
